

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation FEMINIST MAJORITY	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1600 WILSON BLVD SUITE 801	
(c) City, State and ZIP Code ARLINGTON VA 22209	
2. Corporate filers only Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3. FEC Identification Number C C90010646
Individual filers only Name of Employer Occupation	

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☐ 24-Hour Notice ☐ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☒ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒**5. COVERING PERIOD: FROM**

M	M
1	0

 /

D	D
3	0

 /

Y	Y	Y	Y
2	0	1	0

THROUGH

M	M
1	2

 /

D	D
3	1

 /

Y	Y	Y	Y
2	0	1	0

6. TOTAL CONTRIBUTIONS

1000.00

7. TOTAL INDEPENDENT EXPENDITURES.....

39014.52

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM**SIGNATURE****DATE**

DIANE ELIZABETH CUTRI

01/31/2011

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF FILER (In Full)
FEMINIST MAJORITY

A. Full Name (Last, First, Middle Initial)

SUSAN ROSE

Mailing Address

928 LAS PALMAS DRIVE

City

SANTA BARBARA

State

CA

Zip Code

93110

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	2		2	0	1	0

Transaction ID: F56.000002

Amount of Each Receipt this Period

1000.00

Name of Employer

N/A

Occupation

RETIRED

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page carry total to Line 6)

1000.00

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **3 / 32**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee
FEMINIST MAJORITY

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	1	0

Mailing Address
1600 WILSON BLVD
SUITE 801

Amount

1236.73

City	State	Zip Code
ARLINGTON	VA	22209

Purpose of Expenditure
SALARIES AND BENEFITSCategory/
Type
Office Sought: ☒ House State: PA
☐ Senate District: 16
☐ President
Name of Federal Candidate Supported or Opposed by Expenditure:
LOIS HERRCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 5322.95Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
FEMINIST MAJORITY

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	1	0

Mailing Address
1600 WILSON BLVD
SUITE 801

Amount

3526.91

City	State	Zip Code
ARLINGTON	VA	22209

Purpose of Expenditure
SALARIES AND BENEFITSCategory/
Type
Office Sought: ☐ House State: CA
☒ Senate District: _____
☐ President
Name of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 28378.75Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
MONICA VIERA

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	0		2	0	1	0

Mailing Address
1601 EARL WARREN DR

Amount

390.00

City	State	Zip Code
LOS ANGELES	CA	90815

Purpose of Expenditure
CONSULTANTCategory/
Type
Office Sought: ☐ House State: CA
☒ Senate District: _____
☐ President
Name of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 530.00Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify)(a) **SUBTOTAL** of Itemized Independent Expenditures

5153.64

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee
MIRANDA BRANDLEN

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0Mailing Address
1310 TURK STREET

Amount

475.00

City State Zip Code
SAN FRANCISCO CA 94115Purpose of Expenditure
CONSULTANTCategory/
TypeOffice Sought: ☐ House State: CA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 635.00Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
KARISHMA HIRANI

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0Mailing Address
11529 WISTFUL VISTA WAY

Amount

130.00

City State Zip Code
NORTHRIDGE CA 91326Purpose of Expenditure
CONSULTANTCategory/
TypeOffice Sought: ☐ House State: CA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 130.00Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
ROSHANN WALLEN

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0Mailing Address
1356 MARCH AVENUE

Amount

255.00

City State Zip Code
ALBANY CA 94706Purpose of Expenditure
CONSULTANTCategory/
TypeOffice Sought: ☐ House State: CA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 255.00Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

860.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee
ROSHANN WALLEN

Date

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0Mailing Address
1356 MARCH AVENUE

Amount

132.88

City
ALBANYState
CAZip Code
94706Purpose of Expenditure
CONSULTANTCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

387.88

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
STEVEN DUPRE

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0Mailing Address
323 NOE STREET

Amount

335.00

City

SAN FRANCISCO

State
CAZip Code
94114Purpose of Expenditure
CONSULTANTCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

335.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
ANGELICA GONZALEZ

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0Mailing Address
2540 REGENT STREET

Amount

340.00

City

BERKELEY

State
CAZip Code
94704Purpose of Expenditure
CONSULTANTCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

340.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

807.88

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee
ALISON BOLLACH

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0Mailing Address
675 ALVARADO AVE

Amount

375.00

City
DAVISState
CAZip Code
95616Purpose of Expenditure
CONSULTANTCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

375.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
CARYN BOWER

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0Mailing Address
29577 OCEANRIDGE DRIVE

Amount

650.00

City

RANCHO PALOS VERDE

State
CAZip Code
90275Purpose of Expenditure
CONSULTANTCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

650.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
EMILY LOEN

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0Mailing Address
921 LA SERENA DRIVE

Amount

552.50

City

FAIR OAKS

State
CAZip Code
95628Purpose of Expenditure
CONSULTANTCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

552.50

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

1577.50

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee
MALLORY COOPER

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0Mailing Address
375 S. 9TH STREET
#5039

Amount

100.00

City State Zip Code
SAN JOSE CA 95112Purpose of Expenditure
CONSULTANTCategory/
TypeOffice Sought: ☐ House State: CA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 100.00Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
LAURA COKER

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0Mailing Address
2307 I STREET
#6

Amount

550.00

City State Zip Code
SACRAMENTO CA 95816Purpose of Expenditure
CONSULTANTCategory/
TypeOffice Sought: ☐ House State: CA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 705.00Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
SASCHA BROWN

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0Mailing Address
405 S 7TH STREET
APT A

Amount

385.00

City State Zip Code
SAN JOSE CA 95112Purpose of Expenditure
CONSULTANTCategory/
TypeOffice Sought: ☐ House State: CA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 385.00Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

1035.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee
LAURA GREENE

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0Mailing Address
5677 MONTEZUMA RD
APT D

Amount

323.50

City State Zip Code
SAN DIEGO CA 92115Purpose of Expenditure
CONSULTANTCategory/
TypeOffice Sought: ☐ House State: CA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 323.50Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
FRANCESCA COLLINS

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0Mailing Address
6595 MONTEZUMA RD
APT 54

Amount

450.00

City State Zip Code
SAN DIEGO CA 92115Purpose of Expenditure
CONSULTANTCategory/
TypeOffice Sought: ☐ House State: CA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 450.00Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
SAMANTHA SILBERMAN

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0Mailing Address
11314 STEVENS AVE

Amount

255.00

City State Zip Code
CULVER CITY CA 90230Purpose of Expenditure
CONSULTANTCategory/
TypeOffice Sought: ☐ House State: CA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 255.00Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

1028.50

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee
LAURA ROBLES

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0Mailing Address
7661 PICKERING AVENUE

Amount

100.00

City
WHITTIERState
CAZip Code
90602Purpose of Expenditure
CONSULTANTCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

100.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
RINA CERVANTES

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0Mailing Address
12007 NEWMINE AVE

Amount

120.00

City
NORWALKState
CAZip Code
90650Purpose of Expenditure
CONSULTANTCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

120.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
LLOYD ROBINSON

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0Mailing Address
641 LANDFAIR AVE

Amount

120.00

City

State
CA

Zip Code

Purpose of Expenditure
CONSULTANTCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

120.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

340.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

Image# 11930321638
SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee
JOHNNY TOLBERT

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Mailing Address
2029 OLYMPIC BLVD
#101

Amount

130.00

City State Zip Code
SANTA MONICA CA 90404

Purpose of Expenditure
CONSULTANT

Category/
Type

Office Sought: ☐ House State: CA
☒ Senate
☐ President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXER

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 130.00

Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
SOPHIA HANJANI

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Mailing Address
38640 GLENMOOR DR

Amount

205.00

City State Zip Code
FREMONT CA 94536

Purpose of Expenditure
CONSULTANT

Category/
Type

Office Sought: ☐ House State: CA
☒ Senate
☐ President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXER

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 315.00

Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
AVA TUMBARELLO

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Mailing Address
10000 PLACER STREET
APT D

Amount

120.00

City State Zip Code
RANCHO CUCAMONGA CA 91730

Purpose of Expenditure
CONSULTANT

Category/
Type

Office Sought: ☐ House State: CA
☒ Senate
☐ President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXER

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 120.00

Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

455.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee
GISELLE SORIAL

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Mailing Address

223 EAST SHADY GROVE DR

Amount

792.50

City

RIVERSIDE

State

CA

Zip Code

92507

Purpose of Expenditure
CONSULTANTCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

792.50

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
ANDREW JENKINS

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Mailing Address

342 JUNIPERO AVE

Amount

520.00

City

LONG BEACH

State

CA

Zip Code

90814

Purpose of Expenditure
CONSULTANTCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

520.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
ROXANNA GRACIA

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Mailing Address

5050 GARFORD ST
APT 35

Amount

240.00

City

LONG BEACH

State

CA

Zip Code

90815

Purpose of Expenditure
CONSULTANTCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

240.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

1552.50

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee
SARA CASTLEDINE

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0Mailing Address
4300 E 4TH ST

Amount

330.00

City
LONG BEACHState
CAZip Code
90814Purpose of Expenditure
CONSULTANTCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

330.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
NEEKTA KHORSAND

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0Mailing Address
15282 NANTES

Amount

617.50

City
IRVINEState
CAZip Code
92604Purpose of Expenditure
CONSULTANTCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

1221.84

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
BERNIE CERNA

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0Mailing Address
5325 HUNTINGTON DR N
#104

Amount

205.50

City
LOS ANGELESState
CAZip Code
90032Purpose of Expenditure
CONSULTANTCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

205.50

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

1153.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 13 / 32

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee
MON-SHANE CHOU

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Mailing Address

37 WEST MAGNA VISTA AVE

Amount

350.00

City

ARCADIA

State

CA

Zip Code

91007

Purpose of Expenditure
CONSULTANTCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

440.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
JOCELYN DUARTE

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Mailing Address

1350 S THEMAINE AVE

Amount

145.00

City

LOS ANGELES

State

CA

Zip Code

90019

Purpose of Expenditure
CONSULTANTCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

145.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
HANNA PETERSEN

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Mailing Address

22102 DEL VALLE ST

Amount

90.00

City

WOODLAND HILLS

State

CA

Zip Code

91369

Purpose of Expenditure
CONSULTANTCategory/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☐ President

Check One:

☐ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

90.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

585.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

Image# 11930321642
SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee
SUZANNE ROCCO

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Mailing Address
526 W MCELHANY

Amount

160.00

City State Zip Code
SANTA MARIA CA 93458

Purpose of Expenditure
CONSULTANT

Category/
Type

Office Sought: ☐ House State: CA
☒ Senate
☐ President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXER

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 215.00

Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
TAYLOR V OCONNOR

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Mailing Address
639 W. CANON PERDIDO

Amount

670.00

City State Zip Code
SANTA BARBARA CA 93101

Purpose of Expenditure
CONSULTANT

Category/
Type

Office Sought: ☐ House State: CA
☒ Senate
☐ President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXER

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 1050.00

Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
SARAH GODAY

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Mailing Address
10950 CHURCH ST
APT. 1923

Amount

802.50

City State Zip Code
RANCHO CUCAMONGA CA 91730

Purpose of Expenditure
CONSULTANT

Category/
Type

Office Sought: ☐ House State: CA
☒ Senate
☐ President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXER

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 2601.69

Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

1632.50

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 15 / 32

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee
SARAH GODAY

Date

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 1 0Mailing Address
10950 CHURCH STREET
#1923

Amount

225.00

City
RANCHO CUCAMONGAState
CAZip Code
91730Purpose of Expenditure
CONSULTANTCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

2826.69

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
KATHLEEN RICHTER

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0Mailing Address
113 N HAMILTON
#6

Amount

180.00

City
BEVERLY HILLSState
CAZip Code
90211Purpose of Expenditure
CONSULTANTCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

180.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
MONICA HEITMAN

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0Mailing Address
583 9TH AVENUE

Amount

455.00

City
SAN FRANCISCOState
CAZip Code
94118Purpose of Expenditure
CONSULTANTCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

455.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

860.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 16 / 32

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee
CUELLAR H ANN

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0Mailing Address
3467 SABRINA ST

Amount

500.00

City

LOS ANGELES

State

CA

Zip Code

90023

Purpose of Expenditure
CONSULTANTCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

500.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
KAREN NAVA

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0Mailing Address
137 S GREENWOOD AVE

Amount

450.00

City

MONTEBELLO

State

CA

Zip Code

90640

Purpose of Expenditure
CONSULTANTCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

450.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
EMILY BENGSTON

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0Mailing Address
1212 OLIVIA AVE

Amount

550.00

City

ANN ARBOR

State

MI

Zip Code

48104

Purpose of Expenditure
CONSULTANTCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

550.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

1500.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 17 / 32

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee
MEHRIN RAHMAN

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0Mailing Address
7351 FORBES AVE

Amount

550.00

City State Zip Code
LAKE BALBOA CA 91406Purpose of Expenditure
CONSULTANTCategory/
TypeOffice Sought: ☐ House State: CA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 550.00Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
KERENSA CADENAS

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0Mailing Address
150 S MARTEL AVE

Amount

300.00

City State Zip Code
LOS ANGELES CA 90036Purpose of Expenditure
CONSULTANTCategory/
TypeOffice Sought: ☐ House State: CA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 300.00Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
JULIE SHAFFER

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0Mailing Address
1321 N VISTA STREET
104

Amount

340.00

City State Zip Code
LOS ANGELES CA 90046Purpose of Expenditure
CONSULTANTSCategory/
TypeOffice Sought: ☐ House State: CA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 340.00Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

1190.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 18 / 32

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee
YESENIA ACOSTA

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0Mailing Address
251 EAST AVE
P4

Amount

305.00

City
PALMDALEState
CAZip Code
93550Purpose of Expenditure
CONSULTANTCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

533.60

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
GISELLE MARTINEZ

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0Mailing Address
6750 EL COLEGIO RD
APT 144

Amount

220.00

City
GOLETAState
CAZip Code
93117Purpose of Expenditure
CONSULTANTCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

220.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
DOLORES VERA

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0Mailing Address
704 NORLAND DR

Amount

413.00

City
SACRAMENTOState
CA

Zip Code

Purpose of Expenditure
CONSULTANTCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

413.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

938.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

Image# 11930321647
SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee
KOLEIKA SEIGLE

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	0		2	0	1	0

Mailing Address
2241 DURAN AVE

Amount

330.00

City
BERKELEY

State
CA

Zip Code
94704

Purpose of Expenditure
CONSULTANT

Category/
Type

Office Sought:

☐ House

State: CA

☒ Senate

☐ Senate

District: _____

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXER

Calendar Year-To-Date Per Election
for Office Sought

330.00

Disbursement For:
2010

☐ Primary

☒ General

☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
MONICA RUIZ

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	0		2	0	1	0

Mailing Address
1036 W 95TH STREET
#4

Amount

875.00

City
LOS ANGELES

State
CA

Zip Code
90044

Purpose of Expenditure
CONSULTANT

Category/
Type

Office Sought:

☐ House

State: CA

☒ Senate

☐ Senate

District: _____

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXER

Calendar Year-To-Date Per Election
for Office Sought

1157.50

Disbursement For:
2010

☐ Primary

☒ General

☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
EMILY E WICK

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	0		2	0	1	0

Mailing Address
9346 LAKEWOOD DR

Amount

457.50

City
WINDSOR

State
CA

Zip Code
95492

Purpose of Expenditure
CONSULTANT

Category/
Type

Office Sought:

☐ House

State: CA

☒ Senate

☐ Senate

District: _____

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXER

Calendar Year-To-Date Per Election
for Office Sought

692.50

Disbursement For:
2010

☐ Primary

☒ General

☐ Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

1662.50

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee
MICHAEL GARCIA

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Mailing Address

747 S. MONTEZUMA WAY

Amount

124.00

City

WEST COVINA

State

CA

Zip Code

91791

Purpose of Expenditure
CONSULTANTCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

124.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
EDEN PANG

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Mailing Address

2610 HILLEGASS AVE
APT 102

Amount

350.00

City

BERKELEY

State

CA

Zip Code

94704

Purpose of Expenditure
CONSULTANTCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

350.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
JONATHAN URIARTE

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Mailing Address

2240 BLAKE STREET
401

Amount

510.00

City

BERKELEY

State

CA

Zip Code

94704

Purpose of Expenditure
CONSULTANTCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

510.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

984.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee
MARLOES SIJSTERMANS

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0Mailing Address
521 FREMONT AVE

Amount

70.00

City
LOS ALTOSState
CAZip Code
94024Purpose of Expenditure
CONSULTANTCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

70.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
SARAH C PADILLA

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0Mailing Address
2261 CHANTILLY TERRACE

Amount

445.00

City
ORIEDOState
FLZip Code
32765Purpose of Expenditure
CONSULTANTCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

560.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
YASSAMIN ANSARI

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0Mailing Address
10859 E. FEATHERSONG LAKE

Amount

450.00

City
SCOTTSDALEState
AZZip Code
85255Purpose of Expenditure
CONSULTANTCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

450.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

965.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

Image# 11930321650
SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee
ANGELA CHANG

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Mailing Address
2610 HILLEGASS AVE
APT 102

Amount

255.00

City State Zip Code
BERKELEY CA 94704

Purpose of Expenditure
CONSULTANT

Category/
Type

Office Sought: ☐ House State: CA
☒ Senate
☐ President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXER

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 280.00

Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
ANA LEONOR

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Mailing Address
6507 TRIGO RD

Amount

560.00

City State Zip Code
GOLETA CA 93117

Purpose of Expenditure
CONSULTANT

Category/
Type

Office Sought: ☐ House State: CA
☒ Senate
☐ President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXER

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 665.00

Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
LIZ NAVARRO

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Mailing Address
2457 LAMBERT DR

Amount

190.00

City State Zip Code
PASADENA CA 91107

Purpose of Expenditure
CONSULTANT

Category/
Type

Office Sought: ☐ House State: CA
☒ Senate
☐ President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXER

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 190.00

Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

1005.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee
JOCELYN SILVA

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0Mailing Address
12024 CARL STREET

Amount

34.50

City
SYLMARState
CAZip Code
91342Purpose of Expenditure
CONSULTANTCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

34.50

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
JOCELYN SILVA

Date

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 1 0Mailing Address
12024 CARL STREET

Amount

390.00

City
SYLMARState
CAZip Code
91342Purpose of Expenditure
CONSULTANTCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

424.50

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
MARINA BUTLER

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0Mailing Address
710 CORY DRIVE

Amount

440.00

City
INGLEWOODState
CAZip Code
90302Purpose of Expenditure
CONSULTANTCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

440.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

864.50

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee
SHAE PESEK

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0Mailing Address
3658 PROMONTOY ST

Amount

560.00

City

SAN DIEGO

State

CA

Zip Code

92109

Purpose of Expenditure
CONSULTANTCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

560.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
ECHO ZEN

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0Mailing Address
2247 EL AMIGO RD

Amount

740.00

City

DEL MAR

State

CA

Zip Code

92014

Purpose of Expenditure
CONSULTANTCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

740.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
ECHO ZEN

Date

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 1 0Mailing Address
2247 EL AMIGO RD

Amount

250.00

City

DEL MAR

State

CA

Zip Code

92014

Purpose of Expenditure
CONSULTANTCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

990.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

1550.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee
MICHELLE LOUDEN

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0Mailing Address
7655 PALMILLA DR
4302

Amount

835.00

City
SAN DIEGOState
CAZip Code
92122Purpose of Expenditure
CONSULTANTCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

835.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
DAVID CASARRUBIAS

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0Mailing Address
1601 EARL WARREN DR
113N

Amount

257.50

City
LONG BEACHState
CAZip Code
90815Purpose of Expenditure
CONSULTANTCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
SAMANTHA CASTILLO

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0Mailing Address
1056 CAROL WAY
D

Amount

257.50

City
MONTEBELLOState
CAZip Code
90640Purpose of Expenditure
CONSULTANTCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

257.50

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

1350.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee
DENISSE MENDEZ

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0Mailing Address
PO BOX 720724

Amount

430.00

City

SAN JOSE

State

CA

Zip Code

05172

Purpose of Expenditure
CONSULTANTCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

430.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
CRYSTAL NAVA

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0Mailing Address
192 AMHERST AISLE

Amount

405.00

City

IRVINE

State

CA

Zip Code

92612

Purpose of Expenditure
CONSULTANTCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

405.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
HANNA ISRAEL

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0Mailing Address
148 N CHESTER AVE

Amount

305.00

City

PASADENA

State

CA

Zip Code

91106

Purpose of Expenditure
CONSULTANTCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

415.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

1140.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF FILER (In Full)

FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee
DANA A DREHER

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0Mailing Address
3953A FILLMORE ST

Amount

1500.00

City
ST LOUISState
MOZip Code
63116Purpose of Expenditure
CONSULTANTCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

3500.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
MIRANDA PETERSEN

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0Mailing Address
2029 OLYMPIC BLVD
101

Amount

1500.00

City

SANTA MONICA

State
CAZip Code
90404Purpose of Expenditure
CONSULTANTCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

4305.01

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
ALEXANDRA TWETEN

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0Mailing Address
2231 N. NIAGRA ST

Amount

720.00

City

BURBANK

State
CAZip Code
91504Purpose of Expenditure
CONSULTANTCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

1525.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

3720.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee
STEVEN MERCADO

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0Mailing Address
13638 LAKELAND RD

Amount

130.00

City
WHITTIERState
CAZip Code
90605Purpose of Expenditure
CONSULTANTCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

130.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
SUKHMANDEEP KAUR

Date

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 1 0Mailing Address
2037 SUGARBOWL WAY

Amount

455.00

City
LODIState
CAZip Code
95242Purpose of Expenditure
CONSULTANTCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

455.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
SARAH MOORS

Date

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 1 0Mailing Address
1016 NE 12TH AVE

Amount

1260.00

City
GAINESVILLEState
FLZip Code
32601Purpose of Expenditure
CONSULTANTCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

1356.65

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

1845.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee
DEVIN RUIZ

Date

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 1 0Mailing Address
1221 HORN AVE
10

Amount

120.00

City
WEST HOLLYWOODState
CAZip Code
90069Purpose of Expenditure
CONSULTANTCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

120.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
ASHLYN BARNETT

Date

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 1 0Mailing Address
1955 18TH STREET
APT 3

Amount

340.00

City
SANTA MONICAState
CAZip Code
90404Purpose of Expenditure
CONSULTANTCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXER, GCalendar Year-To-Date Per Election
for Office Sought

340.00

Disbursement For:
2010☐ Primary☐ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
JENNIFER ANI

Date

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 1 0Mailing Address
3 FIRWOOD

Amount

417.50

City
IRVINEState
CAZip Code
92604Purpose of Expenditure
CONSULTANTCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

417.50

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

877.50

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **30 / 32**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee
SHAHRAZAD M ENCINIAS

Date

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 1 0Mailing Address
7143 BELAIRE AVENUE
1

Amount

60.00

City State Zip Code
NORTH HOLLYWOOD CA 91605Purpose of Expenditure
CONSULTANTCategory/
TypeOffice Sought: ☐ House State: CA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 60.00Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
JUSTIN P PRINCE

Date

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 1 0Mailing Address
3710 WABASH AVENUE
APT 416

Amount

130.00

City State Zip Code
SAN DIEGO CA 92104Purpose of Expenditure
CONSULTANTCategory/
TypeOffice Sought: ☐ House State: CA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 130.00Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
KAREN J SCAMMAM

Date

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 1 0Mailing Address
4576 LYRIC LANE

Amount

130.00

City State Zip Code
SAN DIEGO CA 92117Purpose of Expenditure
CONSULTANTCategory/
TypeOffice Sought: ☐ House State: CA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 130.00Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____(a) **SUBTOTAL** of Itemized Independent Expenditures

320.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee
KRISTINE LUNA

Date

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 1 0Mailing Address
7143 BELLAIRE AVE
1

Amount

122.50

City State Zip Code
NORTH HOLLYWOOD CA 91605Purpose of Expenditure
CONSULTANTCategory/
TypeOffice Sought: ☐ House State: CA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 122.50Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
POLET BAGATOURIAN

Date

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 1 0Mailing Address
7665 PALMILLA DR
#5210

Amount

690.00

City State Zip Code
SAN DIEGO CA 92122Purpose of Expenditure
CONSULTANTCategory/
TypeOffice Sought: ☐ House State: CA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 690.00Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
MARIE GHANIME

Date

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 1 0Mailing Address
3505 FALLENLEAF PLACE

Amount

855.00

City State Zip Code
GLENDALE CA 91206Purpose of Expenditure
CONSULTANTCategory/
TypeOffice Sought: ☐ House State: CA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 855.00Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

1667.50

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee
JENNY WOUTENBERG

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	2		2	0	1	0

Mailing Address
5852 ADELAIDE AVENUE

Amount

395.00

City
SAN DIEGOState
CAZip Code
92115Purpose of Expenditure
CONSULTANTCategory/
Type

Office Sought:

☐

House

State: CA

Senate

☒

Senate

☐

President

District: _____

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

395.00

Disbursement For:
2010☐

Primary

☒

General

☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

395.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

39014.52